

## **NEJM Group NIH RFI submission**

### **How to best ensure equity in publication opportunities for NIH-supported investigators.**

**The NIH Public Access Plan aims to maintain the existing broad discretion for researchers and authors to choose how and where to publish their results. Consistent with current practice, the NIH Public Access Plan allows the submission of final published articles to PMC (in cases where a formal agreement is in place) to minimize the compliance burden on NIH-supported researchers and also maintains the flexibility of NIH-supported researchers to submit the final peer-reviewed manuscript. These submission routes are allowed regardless of whether or not the journal uses an open access model, a subscription model of publishing, or other publication model. This flexibility aims to protect against concerns that have been raised about certain publishing models potentially disadvantaging early career researchers and researchers from limited-resourced institutions or under-represented groups. NIH policy already allows supported researchers to charge reasonable publishing costs against their awards. NIH seeks information on additional steps it might consider taking to ensure that proposed changes to implementation of the NIH Public Access Policy do not create new inequities in publishing opportunities or reinforce existing ones.**

The New England Journal of Medicine (NEJM) is the most widely read, cited, and influential general medical journal and website in the world and the oldest continuously published medical periodical. Widely recognized as the gold standard for current research and best practices in medicine, NEJM publishes peer-reviewed research and interactive clinical content for physicians, educators, and the global medical community. Our mission is to bring health care professionals the most reliable biomedical research and clinical information to inform their practice and improve outcomes for patients. NEJM is a publication of NEJM Group, a division of the Massachusetts Medical Society, a non-profit corporation.

Thank you for the opportunity to respond.

We are writing to express our concern over the NIH implementation of policies in response to the 2022 Office of Science and Technology Policy (OSTP) Public Access Memorandum. We call on the NIH to remain neutral with respect to publishing business models, honor copyright, and not place additional burdens on researchers and small society publishers by mandating license requirements with overly broad reuse rights.

Patient-care professionals and the patients they serve rely on medical journal content that is vetted by medical experts, peer reviewed, revised, edited, and enhanced through the editorial process to provide them with results that are appropriately measured for making evidence-based clinical decisions. Each year, our editors filter through over 5,000 research manuscripts submitted and select only the best. Our editors are experts in their fields, most of whom are practicing clinicians, who work to ensure that conclusions are not overstated or misleading and that results are put into the proper context for treating patients. We strive to uphold standards around rigor and reproducibility, and we are investing in programs to improve equity not only in research but also in patient care and outcomes. Considering the medical misinformation that has spread over the last several years, the need for top quality and highly credible medical information has become even more apparent.

Each manuscript accepted for publication benefits from hundreds of hours of work by medical editors, statistical experts, manuscript editors, illustrators, proofreaders, and production staff, who work to

ensure that every paper meets exacting standards before it becomes a published article. Our reader-pays subscription model allows us to continuously invest in subject-matter experts, statistical reviews, innovations in science communication, professional publishing talent, and editorial and production systems to ensure that NEJM meets the need of physicians and health care professionals for trusted, rigorously peer-reviewed research and review articles.

We fully believe the reader-pays business model is the best approach to serve our readers and their patients and to sustain our publication. The reader pays model maintains editorial independence and protects against bias. Furthermore, this model also spreads the costs of publishing across many institutions and large number of readers rather than smaller number of authors.

We caution the NIH against requiring a CC-BY license, which by permitting derivative works allows for the misrepresentation and misuse of research results, increasing the risk for patient harm and leading to greater mistrust in science. In addition, forcing a specific CC-BY or similar requirement will severely diminish our ability to recover the substantial investments made in ensuring that NEJM articles meet our exacting quality standards and can be trusted by medical professionals to bring them the most impactful advancements in clinical care. We ask that the NIH policy refrain from requiring one size fits all licenses that permit broad commercial and derivative reuse rights.

Our reader-pays subscription model is the most equitable approach for ensuring that all authors have the opportunity to publish in our pages regardless of their financial means. And we firmly believe that authors should be able to choose where to publish.

We acknowledge that other business models may work for other publishers. However, we remain committed to a subscription-based publishing model, as that best fits the standards that we have set for ourselves and that our readers expect of NEJM. Further, for the reasons mentioned above, we believe that mandating a single approach to publishing — particularly one that favors high volume, rapid publication of medical research with less rigorous or no peer-review — will not result in a more equitable publishing ecosystem or better care for patients.

Thank you for this opportunity to provide information relevant to this important issue. NEJM looks forward to staying engaged and stands ready to assist in any way that we may be of assistance. Please feel free to reach out to Casey Rojas, Federal Relations and Health Equity Manager at [crojas@mms.org](mailto:crojas@mms.org) with any questions or to continue this discussion.